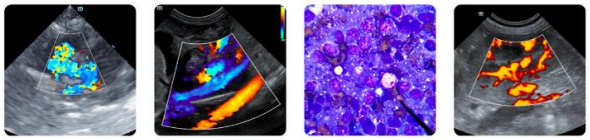

PATIENT
Cooper Knuth

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
14.5 years

WEIGHT
14.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Chrissy Krell, DVM

HOSPITAL NAME
CareVet of All Pets

REFERRING VET
Dr. Young

INVOICE
47341

DATE
3/26/26

PRESENTING CLINICAL SIGNS
History: Progressively elevated BNP (3/4/26): 381. No murmur. Asymptomatic.
BP: 143mmHg. Sedated with Gabapentin.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS
A video of a six lead ECG is available at 50mm/s; 5mm/mV. Millimeter marks are not present; measurements cannot be made. The heart rate appears reasonable. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive. The QRS morphology is positive. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. Mild MV thickening with mild mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is normal. The blood flow through the RVOT is normal. No obvious obstruction is seen on 2D imaging. No effusions or cardiac tumors are identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm) (Moise, Pipers)	**LVIDd** (cm) (Moise, Pipers)	**LVWd** (cm) (Moise, Pipers)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.6	NM	0.45	1.2	0.44	67	96
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.1	1.2	1.0		1.1	1.0	NM

***Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The only cause of the murmur identified is mild mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MV thickening may represent early

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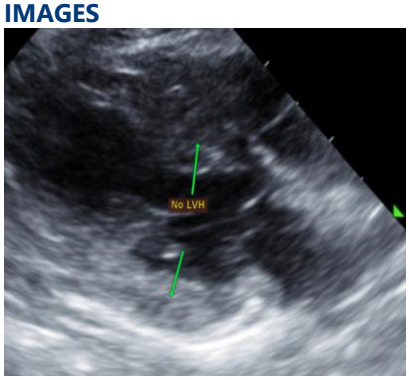
valve disease similar to as seen in dogs, and serial monitoring is advised particularly given the relatively large volume of regurgitation for a cat. The left atrium is normal, indicating low risk for clinical signs at this time. The ECG is unremarkable with a normal sinus rhythm.

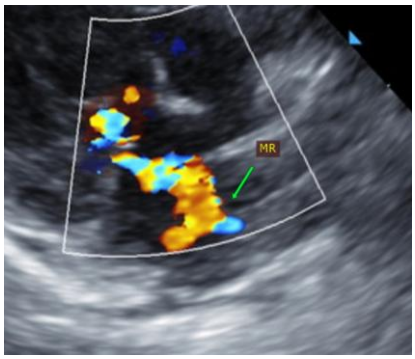
Given a normal LA dimension, no medications are indicated and simple follow up is advised. Prognosis is guarded prior to assessing for progression.

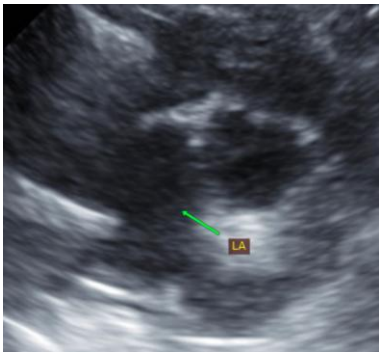
The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Risk for steroid use typically follows LA dilation, which in this case is low. That being said, any cat is at risk for unexpected intolerance and monitoring of RR/RE is recommended, particular during the initiation phase.

Recheck echocardiogram is recommended in 6-12 months, sooner if development of any clinical

IMAGES







The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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